

INPROCESSING/READINESS AND DEPLOYMENT CHECKLIST														
For use of this form see AR 600-8-101; the proponent agency is ODCSPER														
<b>Purpose</b>		Data Required												
<b>Routine Uses</b>		Information required for exercise/deployment.												
<b>Disclosure</b>		Will be used to ascertain deployable/non-deployable status. Will also provide historical DATE: for after action reports and reviews.												
		Disclosure of this information is voluntary. However, failure to disclose information requested could result in improper processing.												
NAME (LAST, FIRST MI)					SSN			GRADE		MOS/Occupational Series				
CURRENT UNIT/STATION AND ADDRESS/PHONE NUMBER														
SERVICE COMPONENT/STATUS							CIV	AC	RC	AGR	IMA	IRR	UNIT	RET
ARMY		NAVY		AIR FORCE		MARINE	COAST	GUARD					USAR	NG
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
REASSIGNED OR ATTACHED TO (UNIT)														
HEIGHT	WEIGHT		RELIGIOUS PREFERENCE			BLOOD TYPE		SEX: M / F		ARRIVAL DATE:				
NOTES: *Denotes areas required/recommended for deployment IAW AR 600-8-101														
"C" denotes areas also required for Civilian deployment processing														
SECTION I PERSONNEL INPROCESSING/READINESS REQUIREMENTS														
							N/A	NO GO	REASON	DATE CORRECTED	GO			
*a. ETS within 7 days of deployment DATE:?														
*b. C- Family Care Plan approved/on file? (if required)														
*c. C- German alien or US Turkish citizen?														
*d. SGLV 8286 reviewed/revised DATE:?														
e. C- DD Form 93 reviewed/revised DATE:?.														
*f. C- Two ID tags w/metal necklace around neck? (worn at all times)														
*g. C- Current ID card DD Form 2A, Civilians DD Form 1173 (Deployment only)?														
*h. C- Received Geneva Convention Card? (if required)														
i. C- Emergency Essential Mobility Agreement? (Gov't Civilians Only)														
j. C- Former Peace Corps member in deployment area? (Cannot deploy in any intel capacity to country in which worked)														
*k. C- POW in deployment area? (waiverable by individual))														
*l. Sole surviving family member? (Waiverable by individual)														
m. 12 week BT/AIT/equivalent completed?														
*n. Conscientious objector pending?														
o. Conscientious objector approved? Class 1-A-0.														
*p. Records review upDATE:?. (circle one) 2A & DA form 2-1 or 2B & ORB														
*q. C- Single parent/mil couple in adoption process? (waiverable by individual)														
*r. C- Mother of newborn (first 4 months)? (Waiverable by individual)														
s. C- Pending administrative action? Reason:														
*t. C- Initiated/possess passport/visa (if required for area)?														
*u. Pending discharge/separation/reassign/ human reliability program?														
PERSONNEL DEPLOYMENT REQUIREMENTS														
*v. 3/4 Physical Profile, evaluated by MMRB/declared deployable?														
*w. C- Passport/visa received (if required) ?														
x. C- Linguist? YES / NO (circle one) If YES:														
Language: Certification DATE:.														
CERTIFYING OFFICIAL (Home Station) DATE:					CERTIFYING OFFICIAL (Deployment Site)				DATE:					
(Print name, rank, signature)					(Print name, rank, signature)									
SEE INSTRUCTIONS ON REVERSE SIDE														

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NAME (LAST, FIRST MI)				SSN:	
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<b>SECTION II MEDICAL READINESS INPROCESSING/REQUIREMENTS</b>					
	N/A	NO GO	REASON	DATE: CORRECTED	GO
*a. C- HIV cleared?					
b. C- Blood type:					
*c. C- DNA specimen collected/on file?					
*d. C- Are you Pregnant? Yes/No (circle one)-Profile?					
*e. Assigned to Qtrs/MTF?					
*f. C- Current immunizations?					
*g. C- Requires eyeglasses? (2 pairs; 1 civilian pair is OK)					
*h. C- Requires mask inserts? (1 pair)					
*i. C- Requires hearing aid? (w/extra batteries)					
*j. C- Requires Medical Warning Tags? (wears 2) Reason needed:					
k. C- Personal prescription(s)? (90 day supply)					
*l. Medical Records review (SF 93/88)/exam on file? DATE::					
*m. Exceptional Family Member referred/enrolled? (if required)					
*n. DA Form 8007 completed? (Deploy with PHS Form 731, Yellow Shot Record)					
o. DEERS Entry					
<b>MEDICAL DEPLOYMENT REQUIREMENTS</b>					
*p. C- HIV cleared? Last test DATE::					
*q. C- Immunizations required for deployment area?					
r. C- Preventative Medicine Brief?					
s. C- Pregnancy test administered? Pregnant? YES NO (Circle one)					
CERTIFYING OFFICIAL (Home Station) DATE:	CERTIFYING OFFICIAL (Deployment Site)			DATE:	
<b>SECTION III DENTAL INPROCESSING/READINESS REQUIREMENTS</b>					
*a. C- Complete dental record on file with appropriate record custodian?					
<b>DENTAL DEPLOYMENT REQUIREMENTS</b>					
*b. C- Dental Class 3/4 treatment completed?					
*c. C- Panoraphic X-Ray placed in Dental Record (Annotated on DA 8007)					
CERTIFYING OFFICIAL (Home Station) DATE:	CERTIFYING OFFICIAL (Deployment Site)			DATE:	
<b>SECTION IV LEGAL AFFAIRS INPROCESSING/READINESS REQUIREMENTS</b>					
*a. C- Received Geneva Convention brief? (during current enlistment/career)					
*b. C- Pending civil felony charges? (may not deploy)					
*c. C- Requires Power(s) of Attorney?					
*d. C- Requires a Will?					
*e. C- Counseled on insurance/civil matters?					
<b>LEGAL AFFAIRS DEPLOYMENT REQUIREMENTS</b>					
*f. C- Briefed on local laws for deployment area?					
CERTIFYING OFFICIAL (Home Station) DATE: (Print name, rank, signature)	CERTIFYING OFFICIAL (Deployment Site) (Print name, rank, signature)			DATE:	
COMMENTS:					

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NAME (LAST, FIRST MI)				SSN:	
<b>SECTION V TRAINING INPROCESSING/READINESS REQUIREMENTS</b>					
	N/A	NO GO	REASON	DATE: CORRECTED	GO
*a. Weapons qualified within last 12 months? DATE:					
b. APFT Passed? DATE::					
c. Local CTT requirements completed?					
d. Weapon(s) issued?					
Zero/familiarize DATE:					
e. Safety Briefing(s) conducted?					
f. Military Drivers License (OF 346) Issued? DATE::					
*g. Family members received deployment briefing?					
<b>TRAINING DEPLOYMENT REQUIREMENTS</b>					
*h. C- Received terrorist briefing Level 1?					
i. C- Weapon issued? (Civilians -9mm/ familiarize)					
Serial Number:					
CERTIFYING OFFICIAL (Home Station) DATE: (Print name, rank, signature)		CERTIFYING OFFICIAL (Deployment Site) (Print name, rank, signature)		DATE:	
<b>SECTION VI SECURITY INPROCESSING/READINESS REQUIREMENTS</b>					
a. C- Meets security clearance requirements for current duty position and deployment area? (If required)					
<b>SECURITY DEPLOYMENT REQUIREMENTS</b>					
b. C- Received Security Brief for Deployment Area?					
CERTIFYING OFFICIAL (Home Station) DATE: (Print name, rank, signature)		CERTIFYING OFFICIAL (Deployment Site) (Print name, rank, signature)		DATE:	
<b>SECTION VII FINANCE INPROCESSING/READINESS REQUIREMENTS</b>					
<b>FINANCE DEPLOYMENT REQUIREMENTS</b>					
*a. C- Enrolled in SUREPAY/Direct Deposit?					
*b. Initiate/change allotments(s)?					
*c. Entitlements verified?					
*d. Settle any travel claim(s)?					
e. BAQ w/wo and VHA status verified?					
CERTIFYING OFFICIAL (Home Station) DATE: (Print name, rank, signature)		CERTIFYING OFFICIAL (Deployment Site) (Print name, rank, signature)		DATE:	
<b>SECTION VIII LOGISTICS INPROCESSING/READINESS REQUIREMENTS</b>					
a. Issued Clothing Initial Issue Point (CIIP)?					
b. Issued Central Issue Facility (CIF)?					
c. Issued /Chemical Defense Equip (CDE)?					
<b>LOGISTICS DEPLOYMENT REQUIREMENTS</b>					
d. C- Theater specific CIIP issue?					
e. C- Theater specific CIF/CDE issue?					
CERTIFYING OFFICIAL (Home Station) DATE: (Print name, rank, signature)		CERTIFYING OFFICIAL (Deployment Site) (Print name, rank, signature)		DATE:	

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NAME (LAST, FIRST MI)				SSN:	
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<b>SECTION IX INSTALLATION DEPLOYMENT REQUIREMENTS</b>					
		NO		DATE:	
	N/A	GO	REASON	CORRECTED	GO
a. C- CHAPLAIN SERVICES VISITED?					
b. TRANSPORTATION:					
1. Completed HHG/Personal Property arrangements?					
2. C- Requires Transportation Arrangements?					
c. PROVOST MARSHALL					
1. C- Completed vehicle storage report (DD Form 2506)?					
2. C- Completed disposition of private weapons?					
d. HOUSING OFFICE:					
1. C- Requires housing/lease/notification of absence?					
e. ARMY COMMUNITY SERVICE:					
1. C- Provided Family Support GP/ACS info?					
CERTIFYING OFFICIAL (Home Station) DATE:			CERTIFYING OFFICIAL (Deployment Site)		DATE:
(Print name, rank, signature)			(Print name, rank, signature)		
COMMENTS:					
<b>SECTION X INPROCESSING/READINESS</b>					
HOME/MOB STATION					
* CERTIFIED BY: (print name, rank, signature) DATE:					
<b>SECTION XI DEPLOYMENT REQUIREMENTS</b>					
	N/A	GO	REASON	CORRECTED	GO
WAIVER APPROVED/DISAPPROVED					
SOLDIER IS DEPLOYABLE					
*VALIDATED BY: (print name, rank, signature)					
DATE:					

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